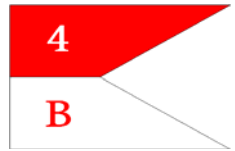




**HEADQUARTERS**  
**4<sup>TH</sup> Regiment of U.S. Cavalry (Memorial)**  
**Fort Huachuca, Arizona Territory**



**ENLIST FOR SERVICE WITH 4<sup>TH</sup> REGIMENT OF U.S. CAVALRY (MEMORIAL)**

PRIVACY ACT: AUTHORITY. Title 10, USC 3012 and Executive Order 9397

PURPOSE: To collect information required for membership application to B Troop, 4th U.S. Cavalry (Memorial).

USES. To determine eligibility for membership and for administrative purposes.

DISCLOSURE. Voluntary, however, failure to provide all requested information could result in non-admittance to B Troop.

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**PERSONAL DATA**

NAME \_\_\_\_\_ RANK \_\_\_\_\_

UNIT \_\_\_\_\_ DUTY PHONE # \_\_\_\_\_

WORK E-MAIL ADDRESS \_\_\_\_\_

HOME E-MAIL ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

NORMAL DUTY HOURS \_\_\_\_\_

ESTIMATED ANNUAL TDY \_\_\_\_\_

PROJECTED SCHOOLS/PROJECTS LIMITING PARTICIPATION \_\_\_\_\_

\_\_\_\_\_

WEIGHT W/BOOTS (200 lbs max) \_\_\_\_\_

BOOT SIZE \_\_\_\_\_

HAT SIZE \_\_\_\_\_

PHYSICAL CONDITIONS THAT MAY LIMIT RIDING ABILITY

\_\_\_\_\_

\_\_\_\_\_

REMAINING TOUR LENGTH AT FORT HUACHUCA (15 months min) \_\_\_\_\_

PRIOR EXPERIENCE WITH HORSES AND HORSE CARE IF ANY

\_\_\_\_\_

\_\_\_\_\_

### **APPLICANT'S AGREEMENT**

Upon acceptance for membership to the 4<sup>th</sup> U.S. Cavalry Regiment (Memorial), I agree to comply with all applicable Army Regulations, and the instructions and standard operating procedures of the Troop as provided to me. I furthermore affirm that the above provided information is correct and that I meet the requirements of membership.

**PRINTED NAME** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

*"I give my consent to have the personal information listed herein included in the Troop roster and agree to let B Troop use any photographs taken of me at official functions to be used on their web site or other official publications. .*

YES \_\_\_\_ NO \_\_\_\_ (List exceptions)\_\_\_\_\_

### **COMMANDER'S or DIRECTOR'S ACKNOWLEDGEMENT**

I affirm that the applicant is of good character and has not, to my knowledge, exhibited behavior that would be detrimental to a unit that represents the U.S. Army at public events. I understand that he / she will from time-to-time be asked to participate in official activities during duty and non-duty hours and will enjoy the support of this command to the extent that the mission permits. The information provided by the applicant on this form is accurate to the best of my knowledge.

**COMMANDER'S  
PRINTED NAME** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_